SUBMIT: COMPLETED APPLICATION, TAX TEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #: Date: Amount Paid:

INSTRUCTIONS: No permits will be Checks are made payable to: Bayf DO NOT START CONSTRUCTION U TYPE OF PERMIT REQUESTED Owner's Name:						-	Refund:			
TYPE OF PERMIT REQUESTED			Bayfi	eld Co. Zoning	Dept.	ENTE				
	NTIL ALL PERMITS	HAVE BEEN ISSUED	TO APP	LICANT.			FILL OU	T IN INK (NO	PENCIL)	
	D→ A LAN	ID USE SA	NITAR	Y PRIVY ng Address:	□ CONDIT	_			and the same of th	OTHER
3	tel Con	06/		80 m4Ex	AN Rd	City/Stat	e/zip: BIUSR U	5489 JI	7 Telepho	one: 3 7) -555 7
Address of Property:	7.	7	City/	State/Zip:					Cell Pho	one:
11280 MC/EAN	Rd.		Ido		715-	919-650				
Contractor:			Conti	ractor Phone:	Plumber:				Plumbe	r Phone:
Authorized Agent: (Person Signing	Application on beha	alf of Owner(s))	Agen	t Phone:	Agent Mail	ing Addres	s (include City/State	e/Zip):	Attache	
PROJECT LOCATION Legal De	scription: (Use 1	Tax Statement)	Tax II	30149)		Recorded D		□ No nowing Ownership) 533521	
SE 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page C	SM Doc#	Lot(s) No	. Block(s) No.	Subdivision		
Section, Townsh	nip <u>48</u> N, F	Range 8	w	Town of:	P			Lot Size	Acre	age
									/	0
	perty/Land with r Landward side			eam (incl. Intermittent		e Structur	e is from Shorelin	foot ISI	Property in	Are Wetlands
☐ Shoreland ☐ Is Prop	perty/Land with	in 1000 feet of La				e Structur	e is from Shorelin	1100	dplain Zone? Ves	Present? Ves
			If y	escontinue —	·			feet	No	€-No
Non-Shoreland										
Value at Time					# 0	f		TURN		Type of
of Completion * include P	roject	# of Stories		Foundation	bedroo	oms		nat Type of Sanitary Sys	tem	Water
donated time & material		4 4			struct	ure		the propert		on property
© □ New C	onstruction	1-Story		☐ Basement	□ 1		Municipal/City		A. Killand	☐ City
501	on/Alteration	☐ 1-Story +	Loft	☐ Foundation			(New) Sanitary		1	Well
Conve	te (existing bldg)	2-Story		tube/con	_ 3	~	Sanitary (Exists Privy (Pit) or			lon
☐ Run a l	Business on			Use	□ Nor	ne 🗆	Portable (w/ser		011)	
Proper	ty			☐ Year Round	i		Compost Toilet None			
Evicting Structure, /if	t lesione and to 16			1	- 1			-		201
Existing Structure: (if permit Proposed Construction:	t being applied to	or is relevant to i	t)	Length:	<u>, </u>		dth: 27 dth: 27	í	Height: Height:	13
	CO CO TO			Vering all store in						
Proposed Use			Proposed Structure						sions	Square Footage
		Structure (firs		ture on property	/)			(X)	
¥ 1	Residenc	with Loft	unting	snack, etc.)				(x)	
Residential Use		with a Porc			(x)				
Rec'd for Issuarce		with (2 nd) P						(X)	
IIIN 25 2010		with (2 nd) D		*	ř. ,			(X)	
Commercial Use		with Attach	ned Gar	rage				(X)	
Secretarial Staff				sleeping quarter	rs, <u>or</u> 🗆 coo	king & food	d prep facilities)	(X)	
	Mobile H	Iome (manufact	ured da	3 Seuso	10	iene 1	Parch	(x	271	
☐ Municipal Use	Accessor	y Building (sp	pecify)	3 321170	_ ca	0	arcz	(X)	
]	Accessor	y Building Add	lition/A	Alteration (specif	- Ty)			(X)	
	Special U	se: (explain)						(X)	
	Condition	nal Use: (explair	n)					(X)	
		xplain)						(X)	
	Other: (ex				LAUTHOUT A	DEDAMIT MAIL				
I (we) declare that this application (including are) responsible for the detail and accurresult of Bayfield County relying on this property at any reasonable time for the growner(s):	FAILURE TO ding any accompanyin acy of all information information Live) ampurpose of inspection.	g information) has bee I (we) am (are) providi I (are) providing in or v	en examine ing and tha with this a	at it will be relied upon b pplication. I (we) consen	best of my (our y Bayfield Coun t to county offic) knowledge a ty in determin ials charged w	nd belief it is true, correi ing whether to issue a p ith administering count	ct and complete. ermit. I (we) furti y ordinances to ha	her accept liabilit ave access to the	y which may be a above described
I (we) declare that this application (including) responsible for the detail and accurresult of Bayfield County relying on this property at any reasonable time for the Owner(s): (If there are Multiple Owners in the County of t	FAILURE TO ding any accompanyin acy of all information information Live) ampurpose of inspection.	g information) has bee I (we) am (are) providi I (are) providing in or v	en examine ing and tha with this a	ed by me (us) and to the at it will be relied upon b pplication. I (we) consen	best of my (our y Bayfield Coun t to county offic) knowledge a ty in determin ials charged w	nd belief it is true, correi ing whether to issue a p ith administering count	ct and complete. ermit. I (we) furti y ordinances to ha		y which may be a above described
I (we) declare that this application (includiare) responsible for the detail and accurresult of Bayfield County relying on this property at any reasonable time for the Owner(s): (If there are Multiple Ownership Authorized Agent:	FAILURE TO ding any accompanyin acy of all information information I (we) ampurpose of inspection.	g information) has bee I (we) am (are) providi I (are) providing in or v	en examine ing and tha with this a with this a sign <u>or</u> le	ed by me (us) and to the at it will be relied upon b pplication. I (we) consen	best of my (our y Bayfield Coun t to county office tion must acc) knowledge a ty in determin ials charged w	nd belief it is true, corre- ing whether to issue a p vith administering count is application)	ct and complete. ermit. I (we) furti y ordinances to ha	her accept liabilit ave access to the	y which may be a above described

(1) Show Location of:(2) Show / Indicate:(3) Show Location of (*):

(6)

of: Proposed Construction North (N) on Plot Plan

(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W): (*) Septic Tank (ST): (*) Dr.

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Proposed France Stopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Measureme	ent		Description	Measure	ment
125	Feet		Sethack from the lake (ordinary high-water mark)		Feet
192	Feet		Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
370	Feet				
192	Feet		Setback from Wetland		Feet
185	Feet		20% Slope Area on the property	☐ Yes	□No
425	Feet		Elevation of Floodplain		Feet
30	Feet		Setback to Well	25	Feet
49	Feet				
	Feet				
	370 192 185 425 30	370 Feet 192 Feet 195 Feet 425 Feet 30 Feet 60 Feet Feet	192 Feet 370 Feet 192 Feet 185 Feet 425 Feet 30 Feet 60 Feet Feet	225 Feet Setback from the Lake (ordinary high-water mark) 192 Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 370 Feet 192 Feet Setback from Wetland 195 Feet 20% Slope Area on the property 425 Feet Elevation of Floodplain 30 Feet Setback to Well 60 Feet Feet	225 Feet Setback from the Lake (ordinary high-water mark) 192 Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 192 Feet Setback from Wetland 185 Feet 20% Slope Area on the property Yes Yes Feet Setback to Well 30 Feet Setback to Well

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 24	17258	# of bedrooms: 3	Sanitary Date: 8/18/95							
Permit Denied (Date):	Reason for Denial:	(1) 2016 (1) 10 16 16 16 16 16 16 16 16 16 16 16 16 16									
Permit #: 19-0198	Permit Date: 6-25	iit Date: 6-25-19									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes Yes	ous Lot(s)) 🔲 No	Mitigation Required Mitigation Attached		Affidavit Required							
Granted by Variance (B.O.A.) ☐ Yes ← No Case #:		Previously Granted by See No	y Variance (B.O.A.) Case	#:							
Was Proposed Building Site Delineated Yes No	States	Were Property Line	Yes No								
Inspection Record: Site Status and	pliant.	Zoning District (+1) Lakes Classification (-)									
Date of Inspection: 6/19/19	Inspected by:	Date of Re-Inspection:									
Condition(s): Town, Committee or Board Conditions Attac	thed? Type The //f	No thou pood to be atte	achod)								
Signature of Inspector:	obtained p	A UDC permit f UDC inspection a prior to the start of co- maintain setbacks.	gency must be	Date of Approval:							
Told Not Prod		_	V	6/24/19							
Hold For Sanitary: U Hold For TBA: U _	Hold For Affic	davit: 🗌	Hold For Fees:	_							

own, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 247258 (8/18/1995)
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 19-0198					Issued To: Merlyn & Anne-Marie Coy													
SW Location	on: S	E	1/4	of	NW	1/4	Section	11	Township	48	N.	Range	8	W.	Town of	Tripp		
Gov't L	Gov't Lot Lot					Bl	Block Subdivision						CSM#					
									3 Season C				x 27	") = 3	24 sq. ft.]			
Condi You are respo	tion(s)	: A th	UE e st	OC p	of co	t fro	m the louction If	cally requi	contracted red. Must n	UDC neet a	insp nd m	ection and aintain sociated with ope	setk	oacks	ult to identify. Failure	btained prior to e to comply may result in removal or urces service center (715) 685-2900.		
NOTE:	This pern						e of issuance	e if the au	uthorized constru	iction wo	ork or			Author	ized Issuing	g Official		
Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.																		
	This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.							-	Date									

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FIE TO:

Bayfield County

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT



Permit #:	19-0213
Date:	6-27-19
Amount Paid:	\$75 6-20-19
Refund:	

If you recently purchased the property send your Recorded Deed

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept

DO NOT START CON	STRUCTIO	N UNTIL	ALL PERMITS	HAVE BEE	N ISSUED	TO APPL	LICANT.		,			FILI	L OUT	IN IN	k (<mark>NO I</mark>	PENCIL)		
TYPE OF PERMIT Owner's Name:	REQUEST	TED-	LAN	D USE	□ SAN		7 7 7		CONDIT			□ SPE	CIAL	USE	□ B.O	_	ОТНЕ	
4C) .: .	م.ما	Lea	2			Mailir	ng Address			City/	/State/Zi	ip:				Telepho 715	97.	2
Address of Property	Having:	1000		-		City/S	SUM State/Zip:									Cell Pho	Ч Ц	24
8075 Lav	m R	'd				Irm River wi 54847								715813 9492			192	
Contractor:						Contractor Phone: Plumber:								Plumber Phone:				
Authorized Agent:	(Person Sigr	ning Appli	cation on beha	If of Owne	er(s))	Agent	: Phone:		Agent Mail	ing Ad	dress (in	clude City/	/State/	7in)•		Writton	Autho	rization
						_										Attache	d	
PROJECT	ment)	Tax ID	<u>)#</u>							☐ Yes ☐ No Recorded Document: (Showing Owners)								
LOCATION		Descrip	tion: (Use T		A112.3	CCDA	1047	7						_0	HUIX		27	A8 4-1
<u>// // 1/4, _</u> /	<u>VW</u> 1	./4	Gov't Lot		ot(s)	CSM	Vol & Pa	ige CSN	M Doc#	Lot(s	s) No.	Block(s)	No.	Subd	ivision:			
Section 12	Tavv	nship	48		8 w	,	Town of:		00					Lot S	ize	Acre	age _	
Section 1	<u> </u>	nsnip	(0 N, F	tange	_0 w	/		7/1	Ψ								40	
			/Land withi						Distanc	e Stru	cture is	from Sho	reline	:	Is Pro	perty in	Ar	e Wetlands
☐ Shoreland —			dward side //Land withi				esconti	Many Company	Distance	- 64		f		eet	- A	ain Zone? Yes		Present?
		торетту	y Land With	11 1000 1	eet of Lar			nue —						eet	2.	No		□ No
Non-Shoreland																		
Value at Time		100						I Total Park	#	c			7 14-	11.74	mpg to		1	
of Completion * include	oletion			# .	of Stario		Farm	dotion	# of		IS I			at Typ				Type of Water
donated time &		Project			# of Stories			Foundation						Sanitary System the property?				on
material	New	v Const	Construction 1-Story				□ Ras	ement	struct	ure	□ M	Municipal/City			W.			property
\$ 6000 CC			Alteration	/	Story + L	Loft		ndation	□ 2			ew) Sani		Speci	fy Type:			☐ City Well
		Conversion Relocate (existing bldg)					X SUS	13/_	¥ 3			nitary (E						7
			xisting bldg) ness on	μ		Use								n 200 gài	on)			
		erty						r Round		10		mpost To		ice coi	itractj			
												one						
Existing Structur		mit bei	ng applied fo	or is relev	vant to it)		Length	-	12		Width	n: 3	30		Н	eight:	10	e
Proposed Constr	uction:	17			Heio	nht	Length:	1: 3 W G1	Mud	ler	www.idth	1: //	No	NA	- VH	eight:	 	
Proposed Us	se	1					Propose	d Structu	ıre			U		D	imensic	ns 0		quare
			Principal	Structu	ıre (first	st structure on property)								(Х)	F	ootage
			Residenc			nting s	shack, et	.c.)						(Х)		
X Residential	Use				Loft a Porch								-	(X)		
/-				20 0	(2 nd) Po									(Х)		
					a Deck									(Х)		
☐ Commercia	ıl Use				(2 nd) De Attache		'age						+	(X)		
			Bunkhou					g quarters	, <u>or</u> □ coo	king &	food pr	rep facilitie	es)	(Х)		
			Mobile F					, ,					_	(Х)		
│ │	Jse	100	Addition	/Altera	tion (spi	ecify)	4ron	of der	u l	100	(121			()	1 X 8)	-	16
							Iteration	n (specify	oron 1	114	100			12	2×	10)	3	52
			710003501	y Bullul	ing Addition	ciony	arci atioi	П (зреспу					-	1				
	a la 🏄	⁴ ,, Ц	Special U	se: (exp	lain)									(Х)		
Conditional Use: (explain))	6.0	2) ./.	1					(Х)		
		X					U			grad	1/mp	we em	me	(Х)		
I (we) declare that this a	application (i	ncluding a	ny accompanyir	g informati	ion) has beer	n examine	ed by me (us	and to the b	WITHOUT A) knowle	edge and b	elief it is true	. correc	t and co	mplete. I (w	/e) acknowle	dge that	: I (we) am
(are) responsible for the result of Bayfield Count property at any reasons	ty relying on	this inforn	nation I (we) am	I (we) am (are) prov	are) providin iding in or w	ng and tha	at it will be re pplication. I (elied upon by (we) consent	Bayfield Coun to county office	nty in de cials cha	termining rged with	whether to iss administering	sue a pe county	rmit. I (ordinar	we) further ces to have	accept liabil access to th	ty which e above	n may be a described
Owner(s):	Ref 1	LI I		MAN	MAR										. 1.	1101	110	E.
(If there are Mul	tiple Owne	ers listed	on the Deed	All Owne	ers must si	ign <u>or</u> le	etter(s) of	authorizati	ion must ac	compa	any this a	pplication)	<u></u>	Dat	e	///		
Authorized Agen	nt:								-				_	Dat	e			
			ning on beha													ttach		
Address to send	permit	807	5/11	M	Kal i	Jus	n k	LIVEN	WI	5	480	17			Copy of	f Tax Sta	teme	nt

the box below: Draw or Sketch your Property (regardless of what you are applying for)

Show Location of: (1)

Proposed Construction

Fill Out in Ink - NO PENCI

(2) Show / Indicate:

North (N) on Plot Plan

(3)Show Location of (*): (4)Show:

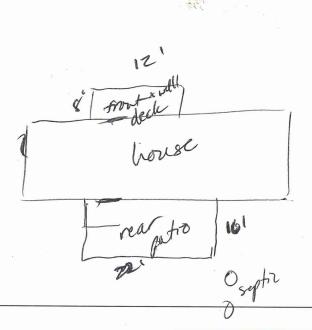
(*) Driveway and (*) Frontage Road (Name Frontage Road)

(5) Show: All Existing Structures on your Property

(6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1 Z0 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	87 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	90 Feet		
Setback from the South Lot Line	//43 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	470 Feet	20% Slope Area on the property	☐ Yes ☐ No
Setback from the East Lot Line	846 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	lo Feet
Setback to Drain Field	Feet		Ø 1000
Setback to Privy (Portable, Composting)	Feet		

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	11433	Sanitary Date: 10/4/83								
Permit Denied (Date):	Reason for Denial:			10/4/00							
Permit #: 19-0213	Permit Date: 6-2	ermit Date: 6-27-19									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes (Fused/Contigue Yes Yes	d) No ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required							
Granted by Variance (B.O.A.) □ Yes No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes No Case #:									
Was Parcel Legally Created Was Proposed Building Site Delineated Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Yes No No									
Inspection Record: Owner oasik an	-1 payets	rites identifi	ed. Appea	Zoning District (A61)							
code compliant.	•			Lakes Classification ()							
Date of Inspection: 6/21/19	Inspected by:	d Norword	Orward Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Attac											
Mist meet and Maint	ain set bac	ks Rent	deck/pa	this nost be							
5 ft from holding tank	s .										
Signature of Inspector: Toold Norwood				Date of Approval: 6 27 19							
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🔲	Hold For Fees: 🗌 🔃								

City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 41433(10/4/1983)
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0	213		ls	ssued	I То: Na	talie	Harwood								
Location:	NW	1/4	of	NW	1/4	Section	32	Township	48	N.	Range	8	W.	Town of	Tripp	
Gov't Lot			L	.ot		Blo	ck	Sul	bdivisio	on				CSM#		

For: Residential Addition / Alteration: [1- Story; Deck (12' x 8') = 96 sq. ft.; Patio/Porch (22' x 16') = 352 sq. ft.;]

Total Overall = 448 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must meet and maintain setbacks. Rear deck-patio must be 5 ft from holding tanks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

June 27, 2019

Date